

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007430
STATE FILE NUMBER

FILED MAR 10 1959

Registration District No.

Primary Registration District No.

Registrar's No. 2 1872

300
1-57
19
794
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Home		d. STREET ADDRESS (If outside, give location) 2609 So Grand Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Emily Hildebrand Matter		4. DATE OF DEATH Month Day Year Feb. 22, 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan, 5, 1880 79
9. AGE (In years last birthday) 1	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	11. BIRTHPLACE (City and state or country) Wheeling, West Virginia	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles F.B. Hildebrand		13b. MOTHER'S MAIDEN NAME Charlotte Seabright	
14. NAME OF HUSBAND OR WIFE Emil Matter		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	
16. SOCIAL SECURITY NO. -		17. INFORMANT Mr. Roy Matter 9512 Erie Dr. Aston 23 Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral vascular disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>general arteriosclerosis</i> DUE TO (c) <i>334X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Lobar pneumonia - right</i>			INTERVAL BETWEEN ONSET AND DEATH <i>over 7 years</i> <i>many years</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>12-1-58</i> , to <i>2-22-59</i> and last saw her alive on <i>2-22-59</i> . Death occurred at <i>1140 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Ronald R. Ritchie M.D.</i>		22b. ADDRESS <i>5233 Waterman St.</i>	
22c. DATE SIGNED <i>2-23-59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>2/24/59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>New Pickers Cemetery</i>	
23d. LOCATION (City, town, or county) <i>St. Louis Missouri</i>		24. FUNERAL DIRECTOR ADDRESS <i>C.R. Lupton and Sons 7233 Delmar Blv'd.</i>	
25. DATE RECD. BY LOCAL REG. <i>FEB 24 '59</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *3864*
P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.